

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-870)

SERIAL NO.

FILING DATE

APPLICANT/CA

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	DEP.	NO.	DEP.	NO.	DEP.
1	/		1			
2						
3						
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48						
49						
50						
TOTAL NO.	3					
TOTAL DEP.	(3)					
16	Excess	Excess	Excess	Excess		

NO.	DEP.	NO.	DEP.	NO.	DEP.
61					
62					
63					
64					
65					
66					
67					
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94					
95					
96					
97					
98					
99					
100					
TOTAL NO.					
TOTAL DEP.					
155125	155125	155125	155125	155125	155125
155125	155125	155125	155125	155125	155125